

VIRGIN ISLANDS EMPLOYMENT SECURITY AGENCY  
Unemployment Insurance Service  
P.O. BOX 9650  
St. Thomas, U.S. Virgin Islands 00801  
(340) 776-3700

NOTICE OF ESTABLISHMENT OF EMPLOYER ACCOUNT

Employer account number, name, trade name  
& mailing address

NOTICE TO EMPLOYER

This is your official notice that pursuant to Section 307 of the Virgin Islands Employment Security Act, you have been determined to be an employer, and liable for the payment of Unemployment Insurance Tax. You have been assigned the account number shown at the left. Please use this number on all reports and correspondence submitted to this office.

Establishment Code \_\_\_\_\_  
Predecessors' account number \_\_\_\_\_

Contribution and wage reports are required for wages paid on and after \_\_\_\_\_

Federal Employers Identification Number (FEIN) ..... \_\_\_\_\_

Phone Number ..... \_\_\_\_\_

Under this account number should be reported the employer's unit or units as follows:

<u>Location Address of Unit or Units</u>	<u>Type of Business</u>
--	-------------------------

THIS IS YOUR OFFICIAL NOTICE OF LIABILITY UNDER THE VIRGIN ISLANDS EMPLOYMENT SECURITY LAW  
Please keep this form in your files for future reference.

YOUR FIRST CONTRIBUTION REPORT IS DUE FOR THE QUARTER ENDING \_\_\_\_\_

(For V.I. Agency use only)	
Computer Account Opened	_____
Date Set Up	_____
Computer Account Verified	_____
Date Verified	_____

Date Issued \_\_\_\_\_

Date of Mailing \_\_\_\_\_

\_\_\_\_\_  
CHIEF OF TAX